# DAVID J. SENCER CDC MUSEUM PUBLIC HEALTH ACADEMY

| Please choose <b>ONE</b> below:  I only want to apply for programs if the CDC N              | Лuseum is open (Mark Column A only).   |
|--|--|
| I want to apply for programs whether the CDO   | C Museum is open or closed (Mark Column A & B).  |
| In each column, mark all th  | ne programs to which you are applying:   |
| Column A Summer 2022: if CDC Museum is open to the publi                                     | Column B   |
| Online Summer Course 1<br>June 13 - June 17  | Online Summer Course 1<br>June 13 - June 17  |
| Disease Detective Camp 1<br>June 27 - July 1   | Online Summer Course 2<br>June 27 - July 1   |
| Online Summer Course 2<br>July 18 - July 22  | Online Summer Course 3<br>July 18 - July 22  |
| Disease Detective Camp 2<br>July 25 - July 29  | Online Summer Course 4<br>July 25 - July 29  |
| Did you apply to CDCM PHA programs in 2021?<br>Did you attend the 2021 Online Summer Course? | Yes No<br>Yes No   |
| Student completes  Th Ap pa  | pplication Checklist  is cover sheet  pplicant general information, security information, and photo  ige  pplication essay questions |
| Parent/Guardian completes Pa   | rent/guardian information page   |
|  | ecommendation form (return to applicant in a sealed envelope to mailed in with all application components)                           |
| pr   | aces everything in order, no staples, no folds, no double-sided inting aces in a 9 x 12 (or similar size) envelope                   |
| CD   | ails by April 1, 2022 to<br>C Museum Public Health Academy<br>00 Clifton Road NE, MS H19-M, Atlanta, GA 30329                        |

# **Applicant General Information**

| Name                          |                        |                         |   |                    |                |  |
|-------------------------------|------------------------|-------------------------|---|--------------------|----------------|--|
|                               | Last                   |                         | First                                       | ſ                  | Middle         |  |
| Date of birth                 |                        |                         |   |                    |                |  |
|                               | Month Day Ye           |                         |   |                    |                |  |
| T-shirt size (circle)         | Adult Small            | Adult Medium            | Adult Large                                 | Adult XL           | Adult 2XL      |  |
| Current grade (circle)        | 10 <sup>th</sup> grade | 11 <sup>th</sup> grade  |   |                    |                |  |
| Gender                        |                        |                         |   |                    |                |  |
| YOUR email                    |                        |                         |   |                    |                |  |
|                               | Do not list pare here. | nt/guardian email.  Can | np staff will notify ap                     | plicants using the | e email listed |  |
| Home Address                  |                        |                         |   |                    |                |  |
|                               | Street                 |                         | City, State                                 |                    | Zip            |  |
| YOUR phone number             |                        |                         |   |                    |                |  |
| Current school name           |                        |                         |   |                    |                |  |
|                               |                        |                         |   |                    |                |  |
| Is your school Title I?       | Yes $\square$          | No 🗆 Not sure           | ? Ask your counselor                        | !                  |                |  |
| School town & state           |                        |                         |   |                    |                |  |
| Where did you hear about us?  |                        |                         |   |                    |                |  |
|                               |                        |                         |   |                    |                |  |
| Security Information          |                        | Photo                   | l   | .l <b>f</b> :+ .d  |                |  |
| (Circle which applies to you) |                        |                         | d a photo of yourse<br>al headshot. This is |                    |                |  |
| 1. US Citizen                 |                        | CDCM PHA programs)      |   |                    |                |  |
| 2. Non-Citizen Living in US   |                        |                         |   |                    |                |  |
| 3. Non-Citizen Living Abroad  |                        |                         |   |                    |                |  |
|                               |                        |                         |   |                    |                |  |
|                               |                        |                         |   |                    |                |  |
|                               |                        |                         |   |                    |                |  |
|                               |                        |                         |   |                    |                |  |
|                               |                        |                         |   |                    |                |  |
|                               |                        |                         |   |                    |                |  |

| Parent/Guardian  |   |
|--|---|
| Information Page   |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Does the applicant have a medical concern you wish to share with us? |   |
| ·  | ct below for emergency purposes.  |
|  |   |
|  |   |
| <b>Information</b> Please check next to each statement in            | dicating that you have read and agree to each statement.  |
| I grant permission for CDC spurposes without compensation or         | staff to take pictures or videos of my child to be used for marketing time limitations.   |
|  | tion cost associated with the CDC Museum Public Health Academy ible for bringing or buying their lunches for in-person camp and must have or the online course.   |
| Clifton Road NE in Atlanta, GA each                                  | er will have transportation to and from the CDC Roybal Campus at 1600 day for in-person camp or has access to a computer and internet for the on, internet access and electronics will not be provided by CDC.              |
| course. At museum education staff                                    | nt must be 16 years of age by the first day of in-person camp or online request, I will provide proof of birth date of my student. Acceptable forms of a birth certificate, passport, learner's permit or driver's license. |

 $\_$ I understand that all students are expected to fully participate and adhere to stated program rules. I

understand that students who repeatedly break rules will be removed from in-person camp or online course.

### CDC MUSEUM PUBLIC HEALTH ACADEMY CONDITIONS

Place a checkmark next to each statement to indicate that you read the statement and are aware of expectations.

The CDC Museum Public Health Academy Online Summer Course and CDC Museum Disease Detective Camp is a voluntary attendance programs; participants should arrive on time and eager to participate in scheduled activities.

I have read the Frequently Asked Questions on the camp and/or online summer course application pages.

Campers must show picture ID each day of the in-person camp and are required to wear a CDC-issued ID badge. This is for the safety of each camper.

Students must be 16 years of age by the first day of the in-person camp or online course. Camper or parent/guardian must provide proof of birth date if requested by CDC Museum education staff.

Camp and Online Summer Course are welcoming environments where all students can openly embrace learning. No bullying or negative behaviors will be tolerated.

Students who are not able to adhere to program rules will be asked to leave camp or will be removed from the

# SHORT ANSWER + APPLICATION ESSAY QUESTIONS

online course.

Submit a separate page with **typed responses** to the five questions listed below. Remember – these answers will be used to evaluate your application. Put thought into each answer and be sure to **proofread**.

- 1. List three words describing your strengths.
- 2. List three words describing things about yourself you want to improve.
- 3. The CDC Museum Public Health Academy teaches attendees about the scientific field of public health. Tell us what you know about public health and why this topic is appealing to you. Use your own words. If you do not know much about public health yet-that's okay! Use a reputable source to find a definition, be sure to cite your source. (250 words or less)
- 4. Tell us ONE unique thing we should know about you. This can be funny, serious anything! (250 words or less)
- 5. CDC works to keep people safe and happy by analyzing data to determine what public health problems need to be addressed. What problems would you like to solve in your life and career? Why this problem and what skills do you feel you will need to be successful? (250 words or less)

# CDC MUSEUM PUBLIC HEALTH ACADEMY TEACHER RECOMMENDATION FORM

Teacher/Guidance Counselor, please complete the form below and return to applicant in a sealed envelope.

| Name of Applicant               |               |
|---------------------------------|---------------|
| Teacher/Guidance Counselor Name |               |
| Job Title                       |               |
| Email Address                   | Daytime Phone |

Please answer the following questions to help the selection committee evaluate the applicant. Note that the program is highly competitive, with limited slots and an average of 600-650 applicants per year.

- 1. How long have you known this student and in what context/which class?
- 2. Describe the student's demeanor in class.
- 3. How is this student different from others?
- 4. Describe the student in three words.
- 5. Rate this student on the following characteristics.

|                                    | Below<br>Average | Average | Above<br>Average | Excellent | No Basis for an Opinion |
|------------------------------------|------------------|---------|------------------|-----------|-------------------------|
| Academic<br>Achievement            |                  |         |                  |           |                         |
| Maturity                           |                  |         |                  |           |                         |
| Motivation                         |                  |         |                  |           |                         |
| Ability to Work in Teams           |                  |         |                  |           |                         |
| Intellectual<br>Curiosity          |                  |         |                  |           |                         |
| Ability to Adapt to New Situations |                  |         |                  |           |                         |